

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

JAN 1 1 2018

CITY CLERKS OFFICE NORTHAMPTON, MA 01060

Fill in Reporting Period dates: Beginning Date: 10-71-17 Ending Date:	11 - 7-17
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ ye	ar-end report dissolution
Robert Educid Wrongki, J1,	
Candidate Full Name (if applicable) City (EVA 6) CV WOOd 3 37 Fruit 5 Office Sought and District Committee No. 1 Committee	ttee Name
37 Fruit Stoffice Sought and District Name of Com	mittee Treasurer
E-mail: Robe) & Wronsk. J. & Gm. 11, Cm E-mail:	failing Address
Phone # (optional): 713-559-1437 Phone # (optional):	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	>
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: TD BANK	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and completivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting prinance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c.	priori and represents the assession
Signed under the penalties of perjury: (Treasurer's signature)	Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and exactivity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55 incurred any liabilities nor made any expenditures on my behalf during this reporting period.	omplete statement of all campaign finance 5. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and co finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this recampaign finance activity of all persons acting under the authority or on behalf of this committee irraccordance with the requirement	norting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

D	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)	21.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	210	
		000	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

The same of the sa	To Whom Paid	mittee name and a page number o	Page./	1
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total Expenditures over	er \$50 (or listed above)	
	ŀ			
		Line 12. Total Eugenditures CCA	and under (not listed above)	11/11
		Line 13: Total Expenditures \$50	and dider (not fisted above)	21.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	Ø

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

To Whom Due	Address	Purpose	Amount
	I O Whom Due	Address Address	To Whom Due Address Purpose